

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Anne Sayers	<i>Anne Sayers</i>	Street: 6546 Doral Circle City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City of Madison	11/15/2011 (Month) (Day) (Year)
2. Diane Walder	<i>Diane Walder</i>	Street: 926 Nancy Ln City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Mary Lou Hyatt	<i>Mary Lou Hyatt</i>	Street: 122 West must City: DANE WI, Zip: 53529	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City DANE	11/15/2011 (Month) (Day) (Year)
4. Tyson Roesler	<i>Tyson Roesler</i>	Street: 5003 Meadow side Ln City: Waukegan Zip: 53597	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Vienna	11/15/2011 (Month) (Day) (Year)
5. Greg L. Markus	<i>Greg L. Markus</i>	Street: 614 7th St City: Waukegan WI Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Waukegan <input type="checkbox"/> City Village Center	11/15/2011 (Month) (Day) (Year)
6. MARCIA L. ZIMMER	<i>Marcia L. Zimmer</i>	Street: 413 RIVERWOOD BLVD City: DEFOREST, WI Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DEFOREST <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
7. Jim Henning	<i>Jim Henning</i>	Street: 507 Agnes Ave City: Waukegan WI Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Waukegan <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
8. CORTNEY KITTLESON	<i>Cortney Kittleson</i>	Street: 824 Johnson St. City: Stoughton WI Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/15/2011 (Month) (Day) (Year)
9. CHRIS MAXHRZAK	<i>Chris Maxhrzak</i>	Street: 221 N. 5th St. City: MADISON, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10. ALBERT L. BURGUS	<i>Albert L. Burgus</i>	Street: 6410 LANI LA. City: MCFARLAND Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MCFARLAND	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Julie A. Craig, (certify): I reside at 110 Edna Court Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Julie A. Craig
(Signature of Circulator)

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Circulator

Phone

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1. Patricia Devine	<i>Patricia Devine</i>	Street: 513 S Walker Way City: Sun Prairie WI Zip: 53599	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)
2. Patricia G. Hubbard	<i>Patricia G. Hubbard</i>	Street: 6220 Balzer Rd City: Wauwatosa WI Zip: 53597	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Westport	11/15/2011 (Month) (Day) (Year)
3. John C Doucette	<i>John C Doucette</i>	Street: 319 LIBERTY LA City: POYLETTE WI Zip: 53905	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village POYLETTE <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
4. Keith Paduck	<i>Keith Paduck</i>	Street: 2300 Lynne Road City: Wausau, WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	11/15/2011 (Month) (Day) (Year)
5. Tou YANG	<i>Tou Yang</i>	Street: 7113 BELLE FONTAINE BLVD City: MIDDLETON, WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MIDDLETON	11/15/2011 (Month) (Day) (Year)
6. RAFFI MESDJIAN	<i>Raffi Mesdjian</i>	Street: 5546 CTH CC City: OREGON, WI Zip: 53575	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City OREGON	11/15/2011 (Month) (Day) (Year)
7. Douglas Pahl Jr	<i>Douglas Pahl Jr</i>	Street: 4418 OAK COURT City: MONONA WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MONONA	11/15/2011 (Month) (Day) (Year)
8. Julie Hagen	<i>Julie Hagen</i>	Street: 931 Red Tail Ridge City: Oregon, WI Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oregon	11/15/2011 (Month) (Day) (Year)
9. Gary Con	<i>Gary Con</i>	Street: 121 S Frank Hancock St. Apt. 8C City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Brittany Pietrantonio Davis	<i>Brittany Pietrantonio Davis</i>	Street: 933 Spaight St #4 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

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Julie A. Craig
(Signature of Circulator)

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Circulator
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SCOTT WALKER RECALL PETITION

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1. Max Rabin	Max Rabin	Street: 621 Al Sherman Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Darrel Waldera	Daniel Waldera	Street: 5808 Smith Ridge Rd. City: McFarland, WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
3. Judith Ohm	Judith Ohm	Street: 2706 Van Hise Ave. City: Madison, WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Martha Makholm	Martha Makholm	Street: 1801 Winchester St. City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Adam DeWeese	Adam DeWeese	Street: 5022 Sheboygan Ave. City: Madison, WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Steve Bolssen	Steve Bolssen	Street: 5308 Marsh Woods Drive City: McFarland, WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

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Julie A. Craig
(Signature of Circulator)

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Circulators

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1. BRYAN ROYSTON	<i>Bryan Royston</i>	Street: 3221 GERALD ST City: MADISON, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. Andrew Savagian	<i>Andrew Savagian</i>	Street: 1049 Monica Lane City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. MARGO SIMPSON	<i>Margo Simpson</i>	Street: 132 E. Wilson #810 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Eleanor Apprecht	<i>Eleanor Apprecht</i>	Street: 2891 BRISBOL RD City: R10, WI Zip: 53960	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BRISBOL	11/15/2011 (Month) (Day) (Year)
5. Alisha Kendall	<i>A Kendall</i>	Street: 3622 Herminash City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. LINDA PIERER	<i>Linda Piefer</i>	Street: 732 STRUCK ST #106 City: MADISON, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. CAROL MCCURRY	<i>Carol McCurry</i>	Street: 2809 Oakridge Ave City: Madison, Wis Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

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Circulators
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1. Michael A. Miller		Street: 257 Dunning St. City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
2. Amy E. Anderson		Street: 5311 South Ridge Way #211 City: Middleton, WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11 / 15 / 2011 (Month) (Day) (Year)
3. Barbara D. Honsa		Street: N4155 French Rd. City: Freedom WI Zip: 54913	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Freedom	11 / 15 / 2011 (Month) (Day) (Year)
4. Maureen A. McLaughlin		Street: 513 Flambeau Parkway City: Dotest WI Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Dotest	11 / 15 / 2011 (Month) (Day) (Year)
5. LAURA CHERN		Street: 2814 Oakridge Ave City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
6. Jennie Mauer		Street: 1223 Jenifer St. #1 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
7. Hugo Reynolds		Street: 214 N. Brearly City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
8. Raymond Mejia		Street: 121 Water St. City: Lodi WI Zip: 53555	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Lodi	11 / 15 / 2011 (Month) (Day) (Year)
9. Constance M. Chesnik		Street: 9709 Sandhill Road City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
10. Cristi Carlson		Street: 3813 Tulane Ave City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)

Certification of Circulator

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(Signature of Circulator)

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Circulator
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1. Jill Stein	<i>Jill Stein</i>	Street: 506 Blaine St. City: Edgerton, WI Zip: 53534	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Edgerton	11/15/2011 (Month) (Day) (Year)
2. TIFFANY BOND	<i>Tiffany M Bond</i>	Street: 4109 Buckeye Rd City: Madison, WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Juban A.H. King	<i>Juban A.H. King</i>	Street: 506 S. M. Ave 125 City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. JAMES BAUMANN	<i>James Baumann</i>	Street: 5218 Fairway Dr. City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Keri Behm	<i>Keri Behm</i>	Street: 4510 Surrey Cir City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Jeralyn Hughes	<i>Jeralyn Hughes</i>	Street: 1105 Colby St. City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Diane Glodowski Diane Glodowski	<i>Diane Glodowski</i>	Street: 3530 Concord Ave City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. James F Hudson	<i>James F Hudson</i>	Street: 902 Swarthmore Court City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Shorewood Hills <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
9. Gayle Walsworth	<i>Gayle Walsworth</i>	Street: 1735 Jennifer St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Robert Timm	<i>Robert Timm</i>	Street: 1430 Williamson #2 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

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Circulators.

Phone

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1. Brent Uelman	<i>Brent Uelman</i>	Street: 13 Williams Circle City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Patrick Souly	<i>Patrick Souly</i>	Street: 102 Knutson Dr City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. Richard Fairchild	<i>Richard Fairchild</i>	Street: 1706 Sachtjen St City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison WI	11/15/2011 (Month) (Day) (Year)
4. Robert Luck	<i>Robert Luck</i>	Street: 5226 Dorsett Dr City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison WI	11/15/2011 (Month) (Day) (Year)
5. Noah Balgooyen	<i>Noah Balgooyen</i>	Street: 102 E Gorham St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison WI	11/15/2011 (Month) (Day) (Year)
6. Amy Staffen	<i>Amy Staffen</i>	Street: 3813 Euclid Avenue City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Rebecca Paulson	<i>Rebecca Paulson</i>	Street: 2013 E. Mifflin St. City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison, WI	11/15/2011 (Month) (Day) (Year)
8. Joanna Griffin	<i>Joanna Griffin</i>	Street: 221 N 7th St City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Carrie Morgan	<i>Carrie Morgan</i>	Street: 4317 Travis Ter City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Don Adams	<i>Don Adams</i>	Street: S. 7107 Hwy D City: Loganville WI Zip: 53943	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City westfield	11/15/2011 (Month) (Day) (Year)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Richard Brahma	<i>[Signature]</i>	Street: 14 Berkley Circle City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison WI	11/15/2011 (Month) (Day) (Year)
2. Lori Steckervetz	<i>[Signature]</i>	Street: 110 S 2ND ST #202 City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. Jonathon Young Eagle	<i>[Signature]</i>	Street: 750 Engelhart Dr City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Meta Cucinotta	<i>[Signature]</i>	Street: 602 W. Avalon Rd City: Columbus WI Zip: 53925	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Columbus	11/15/2011 (Month) (Day) (Year)
5. JACK R CASSELL	<i>[Signature]</i>	Street: 625 BASSWOOD AVE City: VERONA Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City VERONA	11/15/2011 (Month) (Day) (Year)
6. Brandon Lewis	<i>[Signature]</i>	Street: 141 S. Hancock St. Apt. 2 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Patrick Grant	<i>[Signature]</i>	Street: 417 CLEMENS AVE City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
8. Alex Labruga	<i>[Signature]</i>	Street: 121 S Hancock St #66 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Sam Kanson-Bennett	<i>[Signature]</i>	Street: 17 S. Hancock St #3 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. GREGORY STRAUB	<i>[Signature]</i>	Street: 3930 DENNETT DR. City: MADISON, WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Julie A. Craig, (certify): I reside at 110 Edna Court Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1309

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Lindsay Jacobson	<i>Lindsay Jacobson</i>	Street: 1030 Jennifer St Apt 2 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Katie McMahon	<i>Katie McMahon</i>	Street: 614 W. Olin Ave #2 City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Barbara Page	<i>Barbara Page</i>	Street: 4618 BUNKER HILL LN City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
4. Lora J. Waddell	<i>Lora J. Waddell</i>	Street: 106 W. Reynolds St City: Cottage Grove Zip: 53527	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cottage Grove	11/15/2011 (Month) (Day) (Year)
5. Thomas Cichosz	<i>TC</i>	Street: 4805 Dutch Mill Rd #1 City: Madison WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Theresa L. Daggett	<i>Theresa L. Daggett</i>	Street: 10 Eastridge Ct City: Madison WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Claudia B. Campbell	<i>Claudia B. Campbell</i>	Street: 33 Pond View Way City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
8. ORLANDO RIOS	<i>Orlando Rios</i>	Street: 3630 NOVICK DRIVE City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
9. STEVE WOLST	<i>Steve Wolst</i>	Street: 16315 W Holt Rd City: Brooklyn WI Zip: 53521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Union	11/15/2011 (Month) (Day) (Year)
10. Martin McMillen	<i>Martin McMillen</i>	Street: 4318 mandrake Road City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Julie A. Craig, (certify): I reside at 110 Fedna Court Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Julie A. Craig
(Signature of Circulator)

Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: ALICE M. THUMAN Sign: Alice M. Thuman Johnson	Street: 5010 Highland Drive City: MCFARLAND, WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MCFARLAND (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()
2. Print: Hilary Carroll Sign: Hilary Carroll	Street: 3805 Tulane Ave. City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone (608)
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	/ / 20____ (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	/ / 20____ (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	/ / 20____ (Month) (Day) (Year)	Email Phone ()

I, Julie A. Craig, (certify): I reside at 110 Edna Court Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 20 11
(Month) (Day) (Year)

Julie Craig
(Signature of Circulator)

Page No. (Official Use Only)
1317

Circulators,
Please include your contact

Phone
(608)
Email

4/21-11 2

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee t
PO Box 256
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Nancie Sanford</u> Sign: <u>[Signature]</u>	Street: <u>2533 Hoard St</u> City: <u>Madison, WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Survey</u> Phone ()
2. Print: <u>Bryn Cory</u> Sign: <u>Bryn Cory</u>	Street: <u>200 E Lakerview Ave</u> City: <u>Madison</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Nancy Dreeschmidt</u> Sign: <u>Nancy Dreeschmidt</u>	Street: <u>2826 Milwaukee St.</u> City: <u>Madison</u> Zip: <u>WI 53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>jeanlu</u> Phone <u>gal</u> (608)
4. Print: <u>Jamuna Shrestha</u> Sign: <u>Roger J. Wagon</u>	Street: <u>14 Merlham Dr</u> <u>Madison WI 53705</u> <u>306 S. Bassett St</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>807</u> Phone <u>1-608</u>
5. Print: <u>STEPHEN MIKESELL</u> Sign: <u>Stephen L. Mikesell</u>	Street: <u>14 MERLHAM DR</u> City: <u>MADISON</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Village</u> Phone ()

I, Therese H. (Terri) Gregory certify: I reside at 840 Burr Oak Lane
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Town of Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

November 1 15 2011
(Month) (Day) (Year)

Terri Gregory
(Signature of Circulator)

Page No. (Official Use Only)
1312

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Please include your con

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTRACTOR
1. Chuck Tou Yang	<i>Chuck Tou Yang</i>	Street: 10 Book Ct City: Madison, WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: <i>Chuck Tou Yang</i> Phone: (608) _____
2. Kazoua Lor	<i>Kazoua Lor</i>	Street: 10 Book Ct City: Madison, WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: <i>Kazoua Lor</i> Phone: (608) _____
3. Karen Garholt	<i>Karen Garholt</i>	Street: 738 S. Oak Ridge Tr City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: _____ Phone: () () ()
4. Robert S. Gregg	<i>Robert S. Gregg</i>	Street: 270 Brookstone Dr City: Lake Mills, WI Zip: 53551	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Lake Mills	11/15/2011 (Month) (Day) (Year)	Email: _____ Phone: () () ()
5. MERIDITH MUELLER	<i>Meridith Mueller</i>	Street: 1943 N. Summit Ave #38 City: Milwaukee WI Zip: 53202	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/15/2011 (Month) (Day) (Year)	Email: _____ Phone: () () ()
6. Jerry Hagen	<i>Jerry Hagen</i>	Street: 2111 S. Whitney Way City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: _____ Phone: () () ()
7. TIMOTHY RUPINSKI	<i>Timothy Rupinski</i>	Street: 1630 FORDEN AVE. APT. 210 City: MADISON, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email: _____ Phone: () () ()
8. Jennifer R. Hanson	<i>Jennifer R. Hanson</i>	Street: 1414 Mayfield Ln. City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: <i>jennyro.</i> Phone: (608) _____
9. Chongyu Hua	<i>Chongyu Hua</i>	Street: 2813 Osmondson Rd City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)	Email: _____ Phone: () () ()
10. Kathleen Lemanski	<i>Kathleen Lemanski</i>	Street: 314 S. Yellowstone Dr #2 City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: _____ Phone: () () ()

Certification of Circulator

I, PATRICIA M ARNDORFEN, (certify): I reside at 3148 Bull Run SUN PRAIRIE
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Patricia M Arndorfen
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators, please
Phone () () ()
Email () () ()

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Betty MacEwen	Betty MacEwen	Street: 1805 Van Hise Ave City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Emma Collins	Emma Collins	Street: 938 Hubbell St City: Marshall Zip: 53559	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Marshall	11/15/2011 (Month) (Day) (Year)
3. Sheila Ballweg	Sheila Ballweg	Street: 6063 Hogan Rd City: Waunakee WI Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waunakee	11/15/2011 (Month) (Day) (Year)
4. SANDRA D. SCHMIDT	Sandra D. Schmidt	Street: 7410 NORTH PASS City: MADISON WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. Sheryl Remy	Sheryl Remy	Street: 3813 BASS Lane City: Cottage Grove WI Zip: 53527	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cottage Grove	11/15/2011 (Month) (Day) (Year)
6. DANIEL LOEBL	Daniel Loebel	Street: 708 Reid Drive City: Mt Horeb Zip: 53572	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Horeb	11/15/2011 (Month) (Day) (Year)
7. Carol Hassler	Carol Hassler	Street: 205 Walter St City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. NANCY STEW	Nancy Stewart	Street: N7128 Hwy 69 City: MONTICELLO Zip: 53570	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WASHINGTON	11/15/2011 (Month) (Day) (Year)
9. Andy Kiesling	Andy Kiesling	Street: 1109 Haver Rd City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. GLORIA J. LUND	Gloria J. Lund	Street: 50 Whitcomb Cr. #10 City: MADISON, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, PATRICIA ARMDORFEN, (certify): I reside at

3148 Bull Run

SUN PRAIRIE

(Name of Circulator)

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Patricia Armदर्फेन

(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. KASI KARRI	<i>[Signature]</i>	Street: 914, EAGLE CREST DR City: MADISON Zip: 53704	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 20 11 (Month) (Day) (Year)	Email: KASI KARRI Phone: (608) 2
2. Sol Zaichick	<i>[Signature]</i>	Street: 914 Erin Street City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)	Email: Phone: ()
3. Nancy Dahm	<i>[Signature]</i>	Street: 1520 Droxins Rd. City: Stoughton Zip: 53587	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Christiana	11 / 15 / 20 11 (Month) (Day) (Year)	Email: Phone: ()
4. Sarah Piha	<i>[Signature]</i>	Street: 509 N Midvale Bulv. #4 City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)	Email: Sarah Phone: ()
5. Margaret Stone & Kacet	<i>[Signature]</i>	Street: 1029 N. Bogart Hest City: Dodgeville Zip: 53533	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Dodgeville	11 / 15 / 20 11 (Month) (Day) (Year)	Email: Phone: ()
6. Gretchen Aiyangar	<i>[Signature]</i>	Street: 138 W Gorham City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)	Email: Phone: ()
7. JOHN PARZL	<i>[Signature]</i>	Street: 506 E LINCOLN AVE City: MILWAUKEE Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	11 / 15 / 20 11 (Month) (Day) (Year)	Email: Phone: ()
8. MARTHA ASKINS	<i>[Signature]</i>	Street: 213 NATCHEZ TRACE City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 20 11 (Month) (Day) (Year)	Email: Phone: ()
9. Cathleen Cople Kaufman	<i>[Signature]</i>	Street: 447 Southbound DR City: DeForest WI Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City DeForest	11 / 15 / 20 11 (Month) (Day) (Year)	Email: Phone: ()
10. Karen Kresse	<i>[Signature]</i>	Street: N 5983 Colonial DR City: Sullivan WI Zip: 53178	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Concord	11 / 15 / 20 11 (Month) (Day) (Year)	Email: Phone: ()

Certification of Circulator

I, PAT ARNDORFER, (certify): I reside at 3148 BULL RUN SUN PRAIRIE
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 20 11
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1315

Circulators, please

Phone: ()
Email: ()

A 79-3

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee to
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Susan M. Grady</u> Sign: <u>[Signature]</u>	Street: <u>2126 Rowley Ave</u> City: <u>Madison WI</u> Zip: <u>53726</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone (608) _____
2. Print: <u>Jana Lozano</u> Sign: <u>[Signature]</u>	Street: <u>1 Ridgeway Ct #7</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Jana</u> Phone () _____
3. Print: <u>Todd Nare</u> Sign: <u>[Signature]</u>	Street: <u>5808 Linden Pkwy.</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Todd</u> Phone (608) _____
4. Print: <u>Robert Newbegin Jr.</u> Sign: <u>[Signature]</u>	Street: <u>46 Cumberland Lane</u> City: <u>Madison</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Robert</u> Phone (608) _____
5. Print: <u>Tracy Hartman</u> Sign: <u>[Signature]</u>	Street: <u>713 Nygaard St</u> City: <u>Stoughton</u> Zip: <u>53589</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Stoughton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____

Certification of Circulator

I, Betty L Wilcox, (certify): I reside at 3314 Derby Down
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)
Betty L Wilcox
(Signature of Circulator)

Page No. (Official Use Only)
1316

Circulators,
Please include your contact

Phone
(608) _____
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>SANDRA I CONRAD</u> Sign: <u>Sandra J. Conrad</u>	Street: <u>8701 Spring Valley Rd</u> City: <u>Black Earth</u> Zip: <u>53515</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BERRY</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
2. Print: <u>Therese Trotter</u> Sign: <u>Therese Trotter</u>	Street: <u>5672 Sawmill Ct</u> City: <u>Wausau</u> Zip: <u>53597</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Westport</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
3. Print: <u>Michael Stoppe</u> Sign: <u>Michael Stoppe</u>	Street: <u>5309 Pheasant Hill Rd</u> City: <u>Monona</u> Zip: <u>53516</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Monona WI</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
4. Print: <u>Elizabeth Pease</u> Sign: <u>Elizabeth R. Pease</u>	Street: <u>4450 Hillcrest Dr. #C</u> City: <u>Madison</u> Zip: <u>53709</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
5. Print: <u>Patrick Lund</u> Sign: <u>Patrick Lund</u>	Street: <u>7430 Sawmill Rd.</u> City: <u>MADISON</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)

Certification of Circulator

I, Betsy L Wilcox, (certify): I reside at 3314 Derby Down
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Betsy L Wilcox
(Signature of Circulator)

Page No. (Official Use Only)
1317

Circulators,
Please include your contact info
Phone
(608)
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Katherine Duff</u> Sign: <u>Kath Duff</u>	Street: <u>5810 Roosevelt St</u> City: <u>Middleton</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608) 781-1111</u>
2. Print: <u>Kaye Mezen</u> Sign: <u>Kaye Mezen</u>	Street: <u>1213 Nevada Rd.</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608) 781-1111</u>
3. Print: <u>Michael Johnson</u> Sign: <u>Michael J Johnson</u>	Street: <u>6630 Annetown Dr</u> City: <u>Madison</u> Zip: <u>53718</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>608-781-1111</u>
4. Print: <u>Ruth Anne Landsverk</u> Sign: <u>Ruth Anne Landsverk</u>	Street: <u>808 Woodview Dr.</u> City: <u>Sun Prairie</u> Zip: <u>53590</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sun Prairie</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>608-781-1111</u>
5. Print: <u>David Jakobson</u> Sign: <u>David Jakobson</u>	Street: <u>4303 Hegg Ave</u> City: <u>Madison</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608) 781-1111</u>

Certification of Circulator

I, Betsy L Wilcox, (certify): I reside at 3314 Derby Down
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)
Betsy L Wilcox
(Signature of Circulator)

Page No. (Official Use Only)
1318

Circulators,
Please include your contact information.
Phone
(608) 781-1111
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Jean Wendlick</u> Sign: <u>Jean Wendlick</u>	Street: <u>41 Hickory Hollow</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>21/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
2. Print: <u>Amy French</u> Sign: <u>Amy French</u>	Street: <u>10 Merrick Ct</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
3. Print: <u>Tracie Foster</u> Sign: <u>Tracie Foster</u>	Street: <u>906 Laurie Dr.</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
4. Print: <u>Alan Virnig</u> Sign: <u>Alan Virnig</u>	Street: <u>6787 Sunset Meadow Dr</u> City: <u>Windsor</u> Zip: <u>53598</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Windsor</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
5. Print: <u>Linda Carey</u> Sign: <u>Linda Carey</u>	Street: <u>2937 FISH HATCHERY RD #120</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>

Certification of Circulator

I, Betsy L Wilcox (certify): I reside at 3314 Derby Down Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Betsy L Wilcox
(Signature of Circulator)

Page No. (Official Use Only)

1319

Circulators,
Please include your contact

Phone

(608)

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Janis E Byrd</u> Sign: <u>Janis E Byrd</u>	Street: <u>5934 Town Hall Dr</u> City: <u>Sun Prairie, WI</u> Zip: <u>53590</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sun Prairie</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Nataliya Flannery</u> Sign: <u>Nataliya Flannery</u>	Street: <u>17 meadowlark Dr.</u> City: <u>Madison</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Donald Willie</u> Sign: <u>Donald Willie</u>	Street: <u>6925 Chester Dr. #E</u> City: <u>Madison WI</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>Valtus Jo</u> (608)
4. Print: <u>PATRICK GASPER</u> Sign: <u>Patrick Gasper</u>	Street: <u>202 SINCLAIR ST</u> City: <u>JANESVILLE</u> Zip: <u>53545</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>JANESVILLE</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>PJGN</u> (608)
5. Print: <u>ANDREA BECKES</u> Sign: <u>Andrea Beckes</u>	Street: <u>111 W WILSON ST #208</u> City: <u>MADISON</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>randrew</u> ()

Certification of Circulator
I, Betsy L Wilcox, (certify): I reside at 3314 Derby Down Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)
Betsy L Wilcox
(Signature of Circulator)

Page No. (Official Use Only)
1320

Circulators,
Please include your contact information:
Phone
(608)
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Lori Taylor</u> Sign: <u>Lori Taylor</u>	Street: <u>7299 Wilburn Rd</u> City: <u>Sun Prairie</u> Zip: <u>53590</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u> (Municipality Name)	<u>11/14/2011</u> (Month) (Day) (Year)	Email Phone (608) 8
2. Print: <u>JACQUELINE JEDDEE</u> Sign: <u>Jacqueline Jeddee</u>	Street: <u>418 RUSTE ROAD</u> City: <u>BARNEVELD</u> Zip: <u>53507</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>BARNEVELD</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608) 9
3. Print: <u>Angela Dugas</u> Sign: <u>Angela Dugas</u>	Street: <u>606 Delladonna Way</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608) 2
4. Print: <u>Kristen Burton</u> Sign: <u>Kristen Burton</u>	Street: <u>5146 Anton Dr Apt 213</u> City: <u>Fitchburg</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608) 1
5. Print: <u>Diane Sullivan</u> Sign: <u>Diane Sullivan</u>	Street: <u>19B Christine Ln</u> City: <u>Madison</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608) 5

Certification of Circulator

I, Betsy L Wilcox, (certify): I reside at 3314 Denby Down Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Betsy L Wilcox
(Signature of Circulator)

Page No. (Official Use Only)

1321

Circulators,
Please include your contact

Phone

(608) 2

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J.
Committee to
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Thomas L Bylla</u> Sign: <u>Thomas L Bylla</u>	Street: <u>82650 Beaver Bluff Rd</u> City: <u>Realsburg WI</u> Zip: <u>53959</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dellona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>thbylla@</u> Phone ()
2. Print: <u>Deb Moti</u> Sign: <u>Deb Moti</u>	Street: <u>508 South St.</u> City: <u>DeForest</u> Zip: <u>53532</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>DeForest</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Jeffrey Adams</u> Sign: <u>Jeff Adams</u>	Street: <u>355 Round Table Way</u> City: <u>Cross Plains WI</u> Zip: <u>53528</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Cross Plains</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>608</u> ()
4. Print: <u>RUTH ADAMS</u> Sign: <u>Ruth Adams</u>	Street: <u>3155 ROUND TABLE WAY</u> City: <u>CROSS PLAINS</u> Zip: <u>53528</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Cross Plains</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>SARITA JHA</u> Sign: <u>Sarita Jha</u>	Street: <u>14 N Woodmont CR</u> City: <u>Madison WI</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <u>Dodge St</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>

Certification of Circulator

I, Betsy L Wilcox, (certify): I reside at 3314 Derby Down
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Betsy L Wilcox
(Signature of Circulator)

Page No. (Official Use Only)
1322

Circulators,
Please include your con

Phone
(608)
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>SANDRA RYAN</u> Sign: <u>[Signature]</u>	Street: <u>942 SCHUMANN ST</u> City: <u>SUN PRAIRIE</u> Zip: <u>53590</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>SUN PRAIRIE</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: _____ Phone: <u>(608) _____</u>
2. Print: <u>Erin Fath</u> Sign: <u>[Signature]</u>	Street: <u>718 Morningstar Lane</u> City: <u>Madison, WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: _____ Phone: <u>e-fath (608) _____</u>
3. Print: <u>Bernadette Williams</u> Sign: <u>[Signature]</u>	Street: <u>522 College St.</u> City: <u>Lake Mills, WI</u> Zip: <u>53551</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Lake Mills</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: _____ Phone: <u>berniesara (608) _____</u>
4. Print: <u>Sheri Pollock</u> Sign: <u>[Signature]</u>	Street: <u>151 Hickory Ct.</u> City: <u>Oregon, WI</u> Zip: <u>53575</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Oregon</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: _____ Phone: <u>Sg pol (608) _____</u>
5. Print: <u>Mary Benzine</u> Sign: <u>[Signature]</u>	Street: <u>205 Indian Summer Rd.</u> City: <u>Marshall</u> Zip: <u>53559</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Marshall</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: _____ Phone: <u>() _____</u>

Certification of Circulator

I, Betsy L Wilcox, (certify): I reside at 3314 Derby Down
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

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11 / 15 / 2011
(Month) (Day) (Year)
Betsy L Wilcox
(Signature of Circulator)

Page No. (Official Use Only)
1323

Circulators,
Please include your con

Phone
(608) _____
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by

Committee
PO Box 256
Madison, WI

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>MARK W. RIDER</u> Sign: <u>Mark W. Rider</u>	Street: <u>529 North Lawn Ave</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
2. Print: <u>Louis Moser</u> Sign: <u>Louis Moser</u>	Street: <u>405 E Johnson St.</u> City: <u>Madison WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
3. Print: <u>Ron Dolen</u> Sign: <u>Ron Dolen</u>	Street: <u>1325 Morrison St., Apt 2W</u> City: <u>Madison, WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>734</u>
4. Print: <u>Loretta Langlois</u> Sign: <u>Loretta Langlois</u>	Street: <u>33 Northridge Ter #3</u> City: <u>Madison WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
5. Print: <u>Sharon Suchla</u> Sign: <u>Sharon Suchla</u>	Street: <u>154 Mulberry St.</u> City: <u>Sauk City</u> Zip: <u></u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sauk City</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>

Certification of Circulator

I, Betsy L Wilcox (Printed Name of Circulator) (certify): I reside at 3314 Derby Down (Circulator's Residence - Street Name and Number) MADISON (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011 (Month) (Day) (Year)
Betsy L Wilcox (Signature of Circulator)

Page No. (Official Use Only)

1324

Circulators,
Please include your contact information

Phone

(608)

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J

Committee to
PO Box 256
Madison, WI

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>David O'Donnell</u> Sign: <u>[Signature]</u>	Street: <u>3734 clover LN</u> City: <u>Madison</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
2. Print: <u>William Strehow</u> Sign: <u>[Signature]</u>	Street: <u>410 Berwyn Dr #4</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
3. Print: <u>Elizabeth Bucaida</u> Sign: <u>[Signature]</u>	Street: <u>2214 Fox Ave</u> City: <u>Madison WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Linda [Signature]</u> Sign: <u>[Signature]</u>	Street: <u>4118 Major Ave</u> City: <u>Madison</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>STEVEN H. Gustafson</u> Sign: <u>[Signature]</u>	Street: <u>1341 VIKAS Ave</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Betsy L. Wilcox, (certify): I reside at 3314 Denby Down
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)
[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1325

Circulators,
Please include your con

Phone
(608)
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Claire Kellesvig</u> Sign: <u>[Signature]</u>	Street: <u>424 S. Paterson St #1</u> City: <u>Madison, WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>CKel</u> Phone: <u>(401)</u>
2. Print: <u>Kim Kohler</u> Sign: <u>Kim Kohler</u>	Street: <u>1135 Berlin Rd</u> City: <u>Marshall</u> Zip: <u>53559</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>(608)</u>
3. Print: <u>MARGUERITE DeMatties</u> Sign: <u>[Signature]</u>	Street: <u>121 S. Hamilton St</u> # <u>101-N</u> Zip: <u>53703</u> City: <u>MADISON, WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>banks</u> Phone: <u>(608)</u>
4. Print: <u>Robert W. Kott</u> Sign: <u>Robert W. Kott</u>	Street: <u>2763 Star Crest Tr</u> City: <u>Sun Prairie</u> Zip: <u>53590</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>(608)</u>
5. Print: <u>Mari Tenley</u> Sign: <u>Kari A. Tealeey</u>	Street: <u>W3895 Highview Dr.</u> City: <u>Appleton WI</u> Zip: <u>54913</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>Kari Te</u> Phone: <u>(920)</u>

Certification of Circulator

I, Betsy C Wilcox, (certify): I reside at 3314 Derby Down MADISON
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011 Betsy C Wilcox
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
1326

Circulators.

Please include your con

Phone: (608)
Email:

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee to
PO Box 2569
Madison, WI

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1. Print: <u>AROR V MOORTHY</u> Sign: <u>Arumthy</u>	Street: <u>506 ISLE ROYAL DRIVE</u> City: <u>MADISON</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>amoorv</u> Phone <u>(608)</u>
2. Print: <u>Steven Houtmont</u> Sign: <u>Steven Houtmont</u>	Street: <u>116 E. Gilman #6B</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>shoutmont</u> Phone <u>(608)</u>
3. Print: <u>JANE HANSON</u> Sign: <u>Jane Hanson</u>	Street: <u>825 Jana Lane</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
4. Print: <u>CATHERINE RAWSON</u> Sign: <u>Catherine Rawson</u>	Street: <u>2805 VICTORIA LANE</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
5. Print: <u>Terry Westby</u> Sign: <u>Terry Westby</u>	Street: <u>411 Roshmore Lane</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>

Certification of Circulator

I, Betsy L Wilcox, (certify): I reside at 3314 Derby Down MADISON
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

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11 / 15 / 2011
(Month) (Day) (Year)
Betsy L Wilcox
(Signature of Circulator)

Page No. (Official Use Only)
1327

Circulators,
Please include your cont

Phone
(608)
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J

Committee to
PO Box 256
Madison, WI

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1. Print: <u>WARD PAXTON</u> Sign: <u>Ward Paxton</u>	Street: <u>1407 Morrison St</u> City: <u>MADISON WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(608)</u>
2. Print: <u>ANTONIO GARCIA</u> Sign: <u>[Signature]</u>	Street: <u>512 W. WILSON ST.</u> City: <u>MADISON WI</u> Zip: <u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(608)</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>

Certification of Circulator

I, Betsy L. Wilcox, (certify): I reside at 3314 Derby Down MADISON
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Betsy L. Wilcox
(Signature of Circulator)

Page No. (Official Use Only)

1228

Circulators,
Please include your contact

Phone

(608)

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J.
Committee to
PO Box 256
Madison, WI

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1. Print: <u>Dan Becker</u> Sign: <u>[Signature]</u>	Street: <u>415 S Franklin St.</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
2. Print: <u>Chris W. Hammen</u> Sign: <u>[Signature]</u>	Street: <u>6121 Watertford Rd.</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
3. Print: <u>KATHLEEN T. POLESKA</u> Sign: <u>[Signature]</u>	Street: <u>NS427 LANGDON RD</u> City: <u>PARDEEVILLE</u> Zip: <u>53954</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>PARDEEVILLE</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
4. Print: <u>DAVID PROPPSON</u> Sign: <u>[Signature]</u>	Street: <u>4330 McConaughy St.</u> City: <u>MADISON</u> Zip: <u>53711</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>DUNE</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
5. Print: <u>CLARK GUSTIN</u> Sign: <u>[Signature]</u>	Street: <u>54510 BELTER DR</u> City: <u>N. FREEDOM</u> Zip: <u>WI.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>ROCK SPRING</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)

I, Bert Mungen (certify): I reside at 949 E High St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1329

Circulators.
Please include your contact information.

Phone
(608)
Email

7/15

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee t
PO Box 256
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: <u>Edward A Skolasti</u> Sign: <u>Eel A Skolasti</u>	Street: <u>306 Oriole LANE</u> City: <u>Madison WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
2. Print: <u>Michael J. Diebold</u> Sign: <u>Michael J Diebold</u>	Street: <u>4972 Brewery Rd</u> City: <u>Cross Plains WI</u> Zip: <u>53528</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Berry</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>mtk6j</u> Phone <u>(608)</u>
3. Print: <u>ROBERT NECHUAL</u> Sign: <u>Robert Nechual</u>	Street: <u>1537 WYOMING WAY</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>RFN</u> Phone <u>(608)</u>
4. Print: <u>DAN CLAYTON</u> Sign: <u>Dan Clayton</u>	Street: <u>496 UNION RD</u> City: <u>BROOKLIN</u> Zip: <u>53521</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>OREGON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>MLOC</u> Phone <u>(608)</u>
5. Print: <u>JOHN NIEMANN</u> Sign: <u>John Niemann</u>	Street: <u>58282 HIGHLAND RD</u> City: <u>LOGANVILLE</u> Zip: <u>53943</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>FRANKLIN</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Jniem</u> Phone <u>(608)</u>

I, Bart Mengor (certify): I reside at 949 E High St Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Bart Mengor
(Signature of Circulator)

Page No. (Official Use Only)
1330

Circulators.
Please include your con

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Thomas M Kramer</u> Sign: <u>Thomas M Kramer</u>	Street: <u>2990 Bunker View</u> City: <u>Sun Prairie</u> Zip: <u>53590</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
2. Print: <u>Rick Clayton</u> Sign: <u>Rick Chyt</u>	Street: <u>15839 West Holt Rd</u> City: <u>Brooklyn</u> Zip: <u>53521</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Union</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>RickC</u> Phone <u>(608)</u>
3. Print: <u>MARK SONNENBERG</u> Sign: <u>Mark Sonnenberg</u>	Street: <u>22 APPLEBY CIRCLE</u> City: <u>MAZOMANIE</u> Zip: <u>53560</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MAZOMANIE</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
4. Print: <u>Kevin m. Sopha</u> Sign: <u>Kevin m. Sopha</u>	Street: <u>W 9846 Richards Rd.</u> City: <u>Lodi</u> Zip: <u>53555</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Arlington</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
5. Print: <u>Melissa Marecek</u> Sign: <u>Melissa Marecek</u>	Street: <u>5441 Hazelmest Dr</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>mjm</u> Phone <u>(608)</u>

Certification of Circulator

I, Bert Menger, (certify): I reside at 949 E High St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.18(3)(a), Wis. Stats.

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[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1331

Circulators,
Please include your con

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: <u>Brad Carden</u> Sign: <u>Brad Carden</u>	Street: <u>5325 Cnty HH</u> City: <u>Barneveld</u> Zip: <u>53507</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Brigham</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
2. Print: <u>JAMES PASKE</u> Sign: <u>James Paske</u>	Street: <u>N1630 BRADLEY ROAD</u> City: <u>POYNETTE</u> Zip: <u>53955</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Leeds</u> (Municipality Name)	<u>1/15/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>
3. Print: <u>BRICK M. McEILLY</u> Sign: <u>Brick M. McEilly</u>	Street: <u>4214 Drexel Ave</u> City: <u>MADISON</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
4. Print: <u>RONALD BIERMAN</u> Sign: <u>Ronald Bierman</u>	Street: <u>587 SPENCER DR.</u> City: <u>EVANSVILLE</u> Zip: <u>53536</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>EVANSVILLE</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
5. Print: <u>John L. Schneider</u> Sign: <u>John L. Schneider</u>	Street: <u>15542 W. Francis Rd.</u> City: <u>EVANSVILLE WI</u> Zip: <u>53536</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Union</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>

I, Bert Mungar (certify): I reside at 949 E Hargr St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1332

Circulators,
Please include your cont

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(608)
Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. David Grover		Street: 20 Brompton Circle City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Anita Foss		Street: 149 Crescent St City: Rhinelander WI Zip: 54850	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	11/15/2011 (Month) (Day) (Year)
3. Joel Collins		Street: 6334 Piping Rock Rd City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. CYNTHIA DEARTH Cynthia J Dearth		Street: 6330 Piping Rock Rd City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Timothy Dearth		Street: 6330 Piping Rock Rd City: Madison WI Zip: 53711	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Jeff Behrend		Street: 1113 Winston Dr City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. James Behrend		Street: 1113 Winston Dr City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Rhea Katz		Street: 84 Kerrel Ct City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. RICHARD M. KATZ		Street: 84 Kerrel Ct. apt 6 City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Sherie Sonckel, (Name of Circulator)

(certify): I reside at 1114 Winston Dr. (Circulator's Residence - Street name and Number)

City of Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
1333

Circulators, please

Phone
Email

B251

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Sherie Sondel	<i>Sherie Sondel</i>	Street: 1114 Winston Drive City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
2. Emilie Sondel	<i>Emilie Sondel</i>	Street: 4118 Birch Ave. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
3. Beth Sondel	<i>B. Sondel</i>	Street: 314 N. Paterson City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
4. Susan Rotter	<i>Susan Rotter</i>	Street: 1126 Hathaway Dr City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
5. Christi Westerdale	<i>Christi Westerdale</i>	Street: 4613 Berkshire Rd City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
6. Kay Martin	<i>Kay Lynn Martin</i>	Street: 1113 Frisch Rd City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
7. Lonell James	<i>Lonell James</i>	Street: 6926 Park Edge City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
8. BEATA FARREY	<i>Beata Farrey</i>	Street: 1002 FRIAR LN City: MADISON, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
9. Marisa Carr-Flowers	<i>Marisa Carr-Flowers</i>	Street: 7613 Crawling St City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
10. LaShawn Wamak	<i>LaShawn Wamak</i>	Street: 1805 Frisch Rd City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)

Certification of Circulator

I, Sherie Sondel, (certify): I reside at 1114 Winston Dr City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 15 / 2011
(Month) (Day) (Year)

Sherie Sondel
(Signature of Circulator)

Page No. (Official Use Only)
1334

Circulators, please provide:
Phone
Email

B251

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Ryan Vass	[Signature]	Street: 6707 Schwab Ave City: madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Brian A. Gale	[Signature]	Street: 6333 WOODINGTON WAY City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
3. Danielle E. Gale	[Signature]	Street: 6333 Woodington Way City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Jackie Woodruff	[Signature]	Street: 5 Dumont Cir City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Matt Cook	[Signature]	Street: 656 E. Mifflin City: madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Peter Peshek	[Signature]	Street: 1121 Winston Dr. City: madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Sharm Peshek	[Signature]	Street: 1121 Winston City: MADISON, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
8. Jeff Peshek	[Signature]	Street: madison WI Zip: 53711 1121 Winston Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
9. Jim Jenkins	[Signature]	Street: Madison City: 1134 Frisch Rd Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Cheryl Martin	[Signature]	Street: 1113 Frisch Rd City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Sherie Sonder, (certify): I reside at 1114 Winston Dr. Madison city of Madison

(Name of Circulator)

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011
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(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee
PO Box 256
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>DENA JENICKS</u> Sign: <u>Dena Jenicks</u>	Street: <u>1417 Arrowood Dr.</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone () _____
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone () _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone () _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone () _____

Certification of Circulator

I, Celeste Luzzo (certify): I reside at 1441 Starr Cross Dr.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

City of Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Celeste Luzzo
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators.
Please include your c

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. <u>Kathy Holubar</u> Print: _____ Sign: <u>Kathy Holubar</u>	Street: <u>3445 Cottonwood Tr.</u> City: <u>Madison</u> Zip: _____	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bloomington Grove</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____ ()
2. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____ ()
3. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____ ()
4. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____ ()
5. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____ ()

Certification of Circulator

I, Celeste Luzzia, (certify): I reside at 1441 Starr Glass Dr City of Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Celeste Luzzia
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators.

Please include your

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by J

Committee to
PO Box 256
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Carole E Smith</u> Sign: <u>Carole E Smith</u>	Street: <u>5109 Buffalo TR.</u> City: <u>Madison, WI</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
2. Print: <u>RICHARD KUHNEN</u> Sign: <u>R. K. K.</u>	Street: <u>3990 Plymouth Cir</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
3. Print: <u>Diane Tautges</u> Sign: <u>Diane Tautges</u>	Street: <u>3650 Ice Age Dr</u> City: <u>Madison WI</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
4. Print: <u>Kelly G Feaver</u> Sign: <u>Kelly G Feaver</u>	Street: <u>1164 Emerald St #3</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
5. Print: <u>Tara Austin</u> Sign: <u>Tara Austin</u>	Street: <u>5158 Biondisi Ct.</u> City: <u>Middleton</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (715)

Certification of Circulator

I, Celeste Luzzio, (certify): I reside at 1441 Starr Grass Dr. City of Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by J
Committee
PO Box 256
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Celeste Luzzio</u> Sign: <u>Celeste Luzzio</u>	Street: <u>1441 Starr Gross Dr.</u> City: <u>Madison, WI</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>luzzio</u> Phone <u>(608)</u>
2. Print: <u>Maurice E. Kune</u> Sign: <u>Maurice E. Kune</u>	Street: <u>2113 Kendall Ave</u> City: <u>Madison</u> Zip: <u>WI 53726</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>marci</u> Phone <u>(608)</u>
3. Print: <u>Jeanette Arthur</u> Sign: <u>Jeanette Arthur</u>	Street: <u>2872 Cimarron Trl</u> City: <u>Madison, WI</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>JLARTH</u> Phone <u>(608)</u>
4. Print: <u>Kathryn A. Moore</u> Sign: <u>Kathryn A. Moore</u>	Street: <u>4 Grand Canyon Dr.</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>KAMU</u> Phone <u>(608)</u>
5. Print: <u>LEE VERMILYEA</u> Sign: <u>Lee Vermilyea</u>	Street: <u>4301 DEER RD</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>LFV</u> Phone <u>(</u>

I, Celeste Luzzio, (certify): I reside at City of 1441 Starr Gross Dr. City of Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Celeste Luzzio
(Signature of Circulator)

Page No. (Official Use Only)
1339

Circulators,
Please include your contact information
Phone
(608)
Email
luzzio

1248-4

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee t
PO Box 256
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Lucy Chaffin</u> Sign: <u>Lucy Chaffin</u>	Street: <u>1030 Glenway Rd.</u> City: <u>Oregon</u> Zip: <u>53575</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>CL Oregon</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
2. Print: <u>Ian Hannah</u> Sign: <u>Ian H</u>	Street: <u>202 Academy St.</u> City: <u>Mt. Horeb</u> Zip: <u>53572</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mt. Horeb</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
3. Print: <u>Diana Miller</u> Sign: <u>Diana Miller</u>	Street: <u>300 E. Northlawn Dr</u> City: <u>Cottage Grove</u> Zip: <u>53527</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Cottage Grove</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
4. Print: <u>Larion Johnson</u> Sign: <u>Larion Joh</u>	Street: <u>1922 Regent</u> City: <u>Madison</u> Zip: <u>53726</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
5. Print: <u>Marta E. Ehrlich</u> Sign: <u>Marta E. Ehrlich</u>	Street: <u>155 S. Brittingham Pl.</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)

Certification of Circulator

I, Celeste Luzzo (certify): I reside at 1441 Starr Grass Dr. City of Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Celeste Luzzo
(Signature of Circulator)

Page No. (Official Use Only)

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Please include your con

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee to
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Helene LeMeur</u> Sign: <u>Helene LeMeur</u>	Street: <u>515 S. Midvale Blvd. #318</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>elem</u> Phone: ()
2. Print: <u>Anna Schaub</u> Sign: <u>Anna Schaub</u>	Street: <u>1102 Turnberry Ct</u> City: <u>Wauwatosa WI</u> Zip: <u>53597</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wauwatosa</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: Phone: ()
3. Print: <u>Mara Anstfield</u> Sign: <u>Mara Anstfield</u>	Street: <u>7622 Widgeon Way</u> City: <u>Madison WI</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>mar</u> Phone: (608)
4. Print: <u>Theresa Ellis</u> Sign: <u>Theresa Ellis</u>	Street: <u>1718 Tarragon Dr</u> City: <u>Madison</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>there</u> Phone: (608)
5. Print: <u>Susan Phillips</u> Sign: <u>Susan Phillips</u>	Street: <u>3337 Stonecreek Cir</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>Susan</u> Phone: (608)

Certification of Circulator

I, Celeste Luzzio, (certify): I reside at 1441 Starr Cross Dr. City of Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Circulators.
Please include your con
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11 15 2011
(Month) (Day) (Year)

Celeste Luzzio
(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return
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Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. MERRY SPAUGER	Merry Spangler	Street: 6852 Park Ridge Dr City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
2. Janeé Erickson	Janeé Erickson	Street: 471 Roosevelt St City: Rio WI Zip: 53960	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rio	11/15/2011 (Month) (Day) (Year)	Email Phone
3. Leta Steffen	Leta A Steffen	Street: 909 N Westfield Rd City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
4. Sarah Wheeler	Sarah Wheeler	Street: 10513 Oakway Ln City: Edgerton Zip: 53534	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Fulton	11/15/2011 (Month) (Day) (Year)	Email Phone
5. Ryan Stahlke	Ryan Paul Stahlke	Street: 5754 Lacy Rd. City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)	Email Phone
6. Teschia McIntosh	Teschia McIntosh	Street: 1911 Pike Dr City: Fitchburg Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)	Email Phone
7. Pamela Davis	Pamela Davis	Street: 2818 Richardson St. City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)	Email Phone
8. Excel Williams	Excel Williams	Street: 5705 Russell Rd City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Eileen Mason, (certify): I reside at 8345 Gammon Rd 2 City of Madison 53719
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1342

Circulators, please

Phone

Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return
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Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Matthew Bottkol		Street: 3481 Hargrove St City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Blake Shannon		Street: 2800 Crinkle foot Dr #200 City: Fitchburg Zip: 53711	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Eileen Mason, (certify): I reside at 8345 Gammon Rd #200 (Circulator's Residence - Street name and Number) MADISON (Circulator Municipality) 53719

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1343

Circulators, please

Phone

Email

32

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to:
Comptroller
PO Box
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. VIRGINIA MASON	<i>[Signature]</i>	Street: 834 S GAMMON RD City: MADISON Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 <small>(Month) (Day) (Year)</small>
2. Doug Breycha	<i>[Signature]</i>	Street: 3796 RUTLAND-DOWN City: OREGON WI Zip: 53827	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City OREGON	11/15/2011 <small>(Month) (Day) (Year)</small>
3. Tanya money	<i>[Signature]</i>	Street: 1806 Rae Lane City: mad 53141 WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 <small>(Month) (Day) (Year)</small>
4. Tandalaya Taylor	<i>[Signature]</i>	Street: 1503 Wright St City: madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 <small>(Month) (Day) (Year)</small>
5. Ray Money	<i>[Signature]</i>	Street: Madison 1806 Rae lane City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 <small>(Month) (Day) (Year)</small>
6. Heidi Stauffer	<i>[Signature]</i>	Street: 711 Washington St City: Monticello Zip: 53570	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monticello	11/15/2011 <small>(Month) (Day) (Year)</small>
7. WAYNE WEST	<i>[Signature]</i>	Street: 19 FORDEN CT City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 <small>(Month) (Day) (Year)</small>
8. Frank Martinec	<i>[Signature]</i>	Street: 324 S. 6th ST City: Evansville Zip: 58826	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City EVANSVILLE	11/15/2011 <small>(Month) (Day) (Year)</small>
9. Erika I. Esser	<i>[Signature]</i>	Street: 109 Cameo Lane City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 <small>(Month) (Day) (Year)</small>
10. Ali Maanum	<i>[Signature]</i>	Street: 3481 Hargrove St. City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Eileen MASON, (certify): I reside at 834 S Gammon Rd 2 City of MADISON 53719
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

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Phone
Email

B246-2

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Debra L. Kosloske</u> Sign: <u>Debra L. Kosloske</u>	Street: <u>6317 Piping Rock Rd.</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone () ()
2. Print: <u>Len Mormino</u> Sign: <u>Len Mormino</u>	Street: <u>3710 Mandamus Ct.</u> City: <u>Middleton</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone () ()
3. Print: <u>Meg Filkins</u> Sign: <u>Meg Filkins</u>	Street: <u>4810 Agate</u> City: <u>Madison</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone () ()
4. Print: <u>Jennifer Buchholz</u> Sign: <u>Jennifer Buchholz</u>	Street: <u>3902 Maple Grove Dr #15</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone () ()
5. Print: <u>Kim Ebert</u> Sign: <u>Kim Ebert</u>	Street: <u>1484 Ravenoaks Tr.</u> City: <u>Oregon</u> Zip: <u>53575</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Oregon</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Kange</u> Phone () ()

Certification of Circulator

I, Becky Hayde Garcia, (certify): I reside at 5115 Raymond Rd.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

City of Fitchburg
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.17.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Becky Hayde Garcia
(Signature of Circulator)

Page No. (Official Use Only)
1343

Circulators.
Please include your contact

Phone
(608)
Email
bhaydega
82421

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Rosemary Barrientos-Irigoyen</u> Sign: <u>R B</u>	Street: <u>4742 Lafayette Dr</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Marie Dietrich</u> Sign: <u>M Dietrich</u>	Street: <u>309 W Washington Ave</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
3. Print: <u>Susan Peckham</u> Sign: <u>Susan E. Peckham</u>	Street: <u>6617 Gettysburg Dr</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Stanley Robinson</u> Sign: <u>Stanley Robinson</u>	Street: <u>7002 Tree Lane #F</u> City: <u>MADISON</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Katherine Nickols</u> Sign: <u>kathryn nicks</u>	Street: <u>914 Harbor House Dr. #4</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Becky Hay de Garcia, (certify): I reside at 5115 Raymond Rd.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

City of Fitchburg
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Becky Hay de Garcia
(Signature of Circulator)

Page No. (Official Use Only)
1346

Circulators,
Please include your contact

Phone
(608)
Email
bhaydegarcia

0242-2

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Becky Hay de Garcia</u> Sign: <u>Becky Hay de Garcia</u>	Street: <u>5115 Raymond Rd.</u> City: <u>Fitchburg</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Nathan O'Shaughnessy</u> Sign: <u>Nathan</u>	Street: <u>1107 GARFIELD ST #1</u> City: <u>MADISON</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
3. Print: <u>Linda CHRISTEN</u> Sign: <u>Linda Christen</u>	Street: <u>7405 Kenyon Dr.</u> City: <u>Middleton WI</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Kayla M. Wilke</u> Sign: <u>Kayla M. Wilke</u>	Street: <u>613 Clemons Av. #2</u> City: <u>Madison, WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Dineen Seymour-Nahn</u> Sign: <u>Dineen Nahn</u>	Street: <u>14 Sumter Ct.</u> City: <u>Madison</u> Zip: <u>WI 53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)

I, Becky Hay de Garcia, (certify): I reside at 5115 Raymond Rd. City of Fitchburg
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.23(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Becky Hay de Garcia
(Signature of Circulator)

Page No. (Official Use Only)
1347

Circulators.
Please include your contact information.
Phone
(608)
Email
bhaydegarcia

1342-3

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Julia Eckerly	<i>Julia Eckerly</i>	Street: 8001 Ritz Dr. #106 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: julieeck Phone: (812) 34
2. Matt Anderson	<i>Matt Anderson</i>	Street: 3616 Glenn Lane City: Middleton Zip: 53562	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)	Email: matte-anderson Phone: (608) 8
3. Joyce Gloeckler	<i>Joyce Gloeckler</i>	Street: 305 Riverview Ct City: Portage Zip: 53901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Portage	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
4. Ray Gloeckler	<i>Ray Gloeckler</i>	Street: " " " " City: " Zip: "	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City "	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
5. CHARLES BNEI	<i>Charles Bnei</i>	Street: 5013 PRAIRIE ROSE CT City: MIDDLETON Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MIDDLETON	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
6. Jessica Wartenweiler	<i>Jessica Wartenweiler</i>	Street: 12 N. Butter St #302 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
7. David Haugensen	<i>David Haugensen</i>	Street: 3821 Hummer St City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
8. Mike Haskins	<i>Mike Haskins</i>	Street: 402 Augusta Dr. City: Waunakee WI Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waunakee	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
9. Oriana Albrecht	<i>Oriana Albrecht</i>	Street: 6054 University Ave City: Middleton Zip: 53562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
10. Scott Koneiss	<i>Scott Koneiss</i>	Street: 2981 Cahill Man City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()

Certification of Circulator

I, Alan Kalker, (certify): I reside at 1430 W. Skyline Dr City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
#1348

Circulators, please

Phone
()
Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. NANCY HUNT	<i>[Signature]</i>	Street: 6622 MOON ROAD City: RIDGEWAY, WI Zip: 53582	<input checked="" type="checkbox"/> Town RIDGEWAY <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone ()
2. Emily Hunt	<i>[Signature]</i>	Street: 6622 Moon Road City: Ridgeway Zip: 53582	<input checked="" type="checkbox"/> Town Ridgeway <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone ()
3. Deborah Yoshihara	<i>[Signature]</i>	Street: 4564 Ellington Way City: Middleton Zip: 53562	<input checked="" type="checkbox"/> Town Middleton <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone ()
4. Thomas F. Mischel	<i>[Signature]</i>	Street: 4564 Ellington Way City: Middleton Zip: 53562	<input checked="" type="checkbox"/> Town Middleton <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone ()
5. Julia A. McDonald	<i>[Signature]</i>	Street: 1331 South St #13 City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()
6. John M. Sheldon II	<i>[Signature]</i>	Street: 2416 Perry St #204 City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()
7. Carrie Fox	<i>[Signature]</i>	Street: 5501 Williamsburgway #203 City: Fitchburg Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)	Email Phone ()
8. Donald Ties	<i>[Signature]</i>	Street: 6510 Offshore Dr. City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()
9. Laura O'Donnell	<i>[Signature]</i>	Street: 206 S. HIGH Point RD City: MADISON Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Nancy A. Dodge, (certify): I reside at 3134 Oxford Rd Madison 53705 Village of Shorewood Hills
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1349

Circulators, please
Phone
Email

B240-

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Chris Brenz		Street: 4620 FIRM ST. #10 City: Madison, WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()
2. Alan Kalker		Street: 1430 W. Skyline Dr City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()
3. LINDA J MARINE		Street: 6806 Schroeder Rd #2 City: Madison Zip: 53741	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()
4. James Rotering		Street: 5801 Monticello Way City: Fitchburg Zip: WI 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)	Email Phone ()
5. Alejandra Weldon		Street: 7218 Century PL City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)	Email Phone ()
6. JEAN-PHILIPPE BLANCHET		Street: 2845 WARNER ST City: MADISON Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone (608) 2
7. Charles Weldon		Street: 7218 Century PL City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)	Email Phone ()
8. Kim Nofte-Blanchet		Street: 2845 Warner St. City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone ()
9. MICHAEL WISNIEWSKI		Street: 5986 SCHROEDER AVE City: MADISON, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone ()
10. KAREL Jelinek		Street: 8511 Greenway Blvd #106 City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)	Email Phone (608) 2

Certification of Circulator

I, Nancy A. Dodge, (certify): I reside at 3134 Oxford Rd Madison WI 53705 Village of Shorewood Hills
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator's Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

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Circulators, please
Phone
Email na

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